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Attachment 4.19 E

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

DEFINITION OF A CLAIM BY TYPE OF SERVICE

A claim is a bill which indicates a request for payment for a Medicaid reimbursable service provided to a Medicaid-eligible individual.

Claims are submitted either in writing on a State-approved hard copy document (paper claim) or via State-approved electronic media (EMC), which properly identifies the provider of the service, the recipient, the service(s) rendered, the service date(s), and the charge(s) for the rendered service(s) and any other data required by the State.

For MMIS purposes, the following definition of a claim shall apply:

- Inpatient hospital (UB-82) - A claim is a paper document or an EMC ~~rec~~ord requesting payment for services rendered during a statement period for which there are one (1) or more accommodation and/ancillary codes.

- All other provider types - A claim is each detail line item of a paper document or an EMC record requesting payment of a specific service code rendered to a recipient by the billing provider. If multiple units of a service are billed on the same line item, only one (1) claim shall be countable. Garden State Health Plan encounter claims shall be counted in the same manner as fee-for-service claims.

- Long-term care facility, residential treatment centers, governmental psychiatric facility, certain specialized hospitals and ICF/MR claims. A claim is a detail line for all days covered by a specified per diem rate for the same recipient in a single month, including all breaks in stay for leave days.

- Medicare cross-over claims - A claim for Medicare coinsurance and/or deductible is a single EMC or paper document line item.

- Adjustments to paid claims are not defined as claims, regardless of the number of adjustments filed to a paid claim or the reason for the adjustment.

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